



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES**

**DMH CALWORKS BULLETIN No. 04-04
NOTICE OF TEMPORARY UNAVAILABILITY**

December 4, 2008

TO: All DMH CalWORKs Mental Health Supportive Services Providers

FROM: Dolores Daniel, Mental Health District Chief
CalWORKs Program

SUBJECT: **NOTICE OF TEMPORARY UNAVAILABILITY**

1. Purpose
2. Background
3. Procedure to Notify DMH
4. Form – “Notice of Temporary Unavailability”

1. PURPOSE

This Bulletin 04-01 provides instructions on utilizing the “Notice of Temporary Unavailability” form that is required when a CalWORKs provider is unable to schedule an appointment for a CalWORKs participant within ten (10) work days from the DPSS/GAIN or CASC referral date for an assessment/treatment services.

2. BACKGROUND

DPSS requires that CalWORKs providers have sufficient mental health treatment staff available to see CalWORKs participants within five-to-ten (5 - 10) days of a referral from GAIN or CASC. This mandate is listed in the Performance Requirements identified by DPSS for CalWORKs mental health supportive services.

3. PROCEDURE TO NOTIFY DMH

When a CALWORKS mental health clinical assessor assesses a participant, he/she is expected to provide the participant with an Intake/Assessment appointment with an identified CALWORKS provider prior to the end of the interview. This appointment must be within the five-to-ten day time frame agreed upon by LACDMH and DPSS. Providers are required to inform DMH when they are no longer able to keep the 5-10 day timeframe for an Intake/ Assessment for CalWORKs participants.

When a provider cannot schedule an Intake/ Assessment appointment for a CalWORKs participant within 5-10 days, the provider must immediately complete the "Notice of Temporary Unavailability" form (see attached sample) and fax it to DMH.

The provider must indicate either:

1. The effective date when the provider is temporary unable to accept CalWORKs referrals. An estimated re-start date must be given when the provider will be able to start to accept CalWORKs participants again. In addition, the reason for the temporary suspension of service must be stated.
OR
2. A statement is that provider is unable to accept referrals until further notice. The reason for suspension of service of further notice must be given.

The appropriate CASC and/or mental health clinical assessor will be notified of the agency's temporary suspension of Intake/Assessments.

An agency's ability to provide services to CalWORKs participants in a timely manner is an important factor in evaluating the agency's performance as required by DPSS.

**COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
CalWORKs Mental Health Supportive Services Program**

NOTICE OF TEMPORARY UNAVAILABILITY

When a CALWORKS mental health clinical assessor assesses a participant, he/she is expected to provide the participant with an Intake/Assessment appointment with an identified CALWORKS provider prior to the end of the interview. This appointment must be within the five to ten (5-10) day time frame agreed upon by LACDMH and DPSS. Providers are required to inform DMH when they are no longer able to keep the **5-10 day timeframe** for an Intake/ Assessment for CalWORKs participants. When a provider cannot schedule an Intake/ Assessment appointment for a CalWORKs participant within 5-10 days, the provider must immediately complete this form and fax it to DMH. The appropriate CASC and/or mental health clinical assessor will be notified of the agency's temporary suspension of Intake/Assessments.

Agency Name: _____ Reporting Unit # _____

Address: _____

Fax # _____

CalWORKs Contact Person: _____

Phone # _____

Check one of the following and complete information:

☐ Effective _____ (date), we are temporarily unable to accept CalWORKs referrals.

We will be able to accept CalWORKs beginning on _____ (date). *An estimated re-start date must be given.*

Reason for temporary suspension of service:

☐ We are unable to accept referrals until further notice.

Reason for suspension of service until further notice:

Fax form to: (213) 738-4979
ATTN: CalWORKs Program, Department of Mental Health
If you have any questions, please contact Malik Nasution at (213) 738-3713

4. FORM – “NOTICE OF TEMPORARY UNAVAILABILITY”

The “Notice of Temporary Unavailability” form (see preceding page) is to be faxed to DMH at (213) 738-4979 – Attention CalWORKs Program. The form is faxed when an agency is temporarily unable to provide intake/assessment services CalWORKs participants.

DM/dd/lb